Mass Casualty Incident - Security Issues

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QUICK!

What Comes to Mind When You Think of Healthcare Security ?

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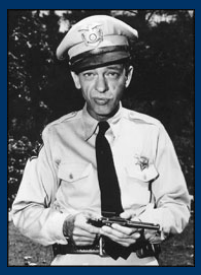
Is This What You Think About…



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Question for Discussion...

Is there such a thing as a

"secure hospital"?

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Three Major Functions…

PROTECT PEOPLE (Staff, Patients,Visitors)

PROTECT ASSETS

PROTECT INFORMATION (HIPAA)

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The Nature of Security…

- Based Heavily on Perception
- Proactive vs. Reactive
- Prevention vs. Apprehension
- Service Oriented
- Non-Revenue Generating
- "Incident Driven"
- Low Organizational Priority

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Reasons to Provide Security

- OSHA Voluntary Guidelines
- The General Duty Clause
- Inadequate Security Liability
- Negative Publicity/Market Share
- OSHA Health Care Workplace Violence Standard
- JCAHO Security Management

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Are Hospitals Inherently Dangerous Places?

- Emergency Department Open 24/7
- Substance Abuse Cases
- Crime Victims Receiving Treatment
- Largely Female Population
- Intense Human Emotions
- Perception of Wealth
- Facility of Last Resort

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Hospitals are Difficult to Secure Because...

- **Enormous Number of Variables**
- **Need for Accessibility**
- **Service Expectations**
- **Large & Anonymous Population**
- **Courtesy a.k.a. "Coat-tailing"**

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POP QUIZ:

A report comes into your Emergency Department that there is a 20 car pile up with multiple injuries.

What Do You Do?

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Mass Casualty Review (MCR)

- **Preplanning**
- **Incident Command**
- **Staffing**
- **Traffic Control Internal/External**
- **External Assistance**

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MCR - Preplanning

- Traffic Routes
- Community Disaster Drills
- Communications/Notification
- Lockdown Procedures
- Internal/Perimeter Security
- Patient, Visitor, & Staff Traffic
- Disaster Plans
- Patient Tracking
- Daycare Facilities

MCR - Incident Command

- Common Terminology
- Incident Command Center
- ICS Chart (Top 8 Positions)
- Education on ICS
- Incident Command Location
- Unified Command
- Vests and Job Action Sheets

MCR - Staffing

- Labor Pools
- Outside Agency Security
- Call-Back Procedures
- Staff Reporting Procedures
- Staff Rotation
- Critical Access Hospitals
- Critical Incident Stress Debriefing

MCR - Traffic Control Internal/External

- Internal/External Barriers (Door Guards)
- Visitor and Patient Control
- Lockdown Procedures
- Flexible Traffic Plans
- Employee Identification/Credentialing
- Signage
- Badge Readers (Card Access)
- Alternative Parking
- Vaccination/Prophylaxis

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MCR - External Assistance

- Community Exercises
- Military Resources
- Inter Hospital Communications
- Mental Health Assistance
- LEPC
- Educate External Agencies
- Food and Beverage

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Considerations in Selecting a Hospital Security Strategy…

- Demographics & Risk Factors
- Market Share/Customer Satisfaction
- Decentralized Security System
- Passive Monitoring
- High Risk/Security Sensitive Areas

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Most Common Security Flaws

- Uncontrolled After Hours Access
- Inadequate/Inconsistent Security Staffing and Deployment
- Inadequate "Sensitive Area" Training
- Inappropriate Management Plan
- Inadequate Data Collection
- Lack of Security Equipment - Testing

Source: ASHE, Health Facilities Management November 2001

Security Management Plan

- Emergency Procedures -

- Security Incident Response – Hostage Incident, Abduction, Violent Patient Control Teams
- Maintaining Access to Urgent Care Areas
- Civil Disturbance, VIP & Media Situations
- Additional Security Staffing During Disasters
- Bomb Threat Plan

Security Threat Assessment

- Trend Internal Security Incidents (Historical)
- List "Controversial Procedures"
- Evaluate Local Crime Statistics
- Neighborhood Characteristics
- Physical Tour All Shifts
- P & P Review
- Review Security Performance Indicators
- Security Service Volume Statistics
- Police Response Times/Capabilities

Threat Assessment (Trend)

- **Police Called to Premises**
- **Involuntary Commitment Volumes**
- **Stolen Vehicles - Parking Lot Crimes**
- **"Crisis Intervention" Calls (& Teams)**
- **Assaults on Staff**
- **Arrests For Crimes on Property**
- **Incidents Involving Weapons**

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Risk - probability for disruptive behavior
- 1 - Low probability
- 2 - Medium probability
- 3 - High probability
- 4 - Imminent probability

Threat - potential for physical assault or property damage
- 1 - Low potential
- 2 - Medium potential
- 3 - High potential
- 4 - Imminent potential

THREAT \ RISK	1	2	3	4
1	2	3	4 (y)	5 (y)
2	3	4 (y)	5 (y)	6 (o)
3	4 (y)	5 (y)	6 (o)	7 (o)
4	5 (o)	6 (o)	7 (o)	8 (o)

White - Discussion with patient
Yellow (y) - Discussion with patient, physician, and family members - possible warning letter
Orange (o) - Administrative letter

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Security Staffing

- **Proprietary: Uniformed & Cross - Trained**
- **Contracted**
- **Off Duty Law Enforcement**
- **Shared Services**
- **Hybrid Models**

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How Large a Staff is Needed?

Factor # 1 ***Call Response Time***
Factor # 2 ***Frequency of Patrols***
Factor # 3 ***Fixed Posts***
Factor # 4 ***Scheduled Routine Functions***
Factor # 5 ***Non-Scheduled Functions***

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11 Factor Analysis *(IAHSS Article)*

1. **Patient Population Profile**
2. **Non-Patient Profile**
3. **Vehicle Parking Arrangements**
4. **Land Area**
5. **Building Profile**
6. **Environmental Profile**
7. **Maintenance of Order**
8. **Criminal Offense Indices**
9. **Security Posts**
10. **Concomitant Functions**
11. **Special Events**

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Hospitals have thousands of pieces of "high tech" security equipment that seldom get used…

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Security Officer Training

- State Mandated Certifications
- Use of Force Continuum
- Limited Authority (Citizen's Arrest)
- Search & Seizure
- Age Specific & Other Competencies
- Corporate Agent Authority
- Security Liability

Lessons Learned...

- Camera Placements
- Passwords & PIN Codes
- Staff Involvement In Design
- Access Control Equipment - Exit Alarms
- Electronic Documents - Reports/Log Sheets
- Theft Investigations- Use of Dyes
- Digital Recorders

Access Control Program

- **Identification Badges**
- **Visitor & Vendor Control**
- **Strategic Locations of Departments**
- **Passive Monitoring**
- **Decentralized Access Control**
- **Physical & Technological Controls**

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SIGNAGE - ALL PERIMETER DOORS

NOTICE

Only Persons having
Hospital-Related Business May Enter
No Loitering, No Trespassing,
No Solicitation AND
No Recreational Or Other
Non-Authorized Use of These
Premises Is Permitted

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The most important <u>proactive</u> "security" phase is...

MAY I HELP YOU?

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REMEMBER

THEFT = NEED + OPPORTUNITY

Primary role is to:

- ***control the opportunity; and***
- ***prevent the crimes.***

REFERENCES

- International Association for Healthcare Security & Safety (IAHSS) - *www.iahss.org*
- "Hospital Security," 3rd Edition - *R. Colling*

OSHA Workplace Violence Guideline

- http://www.osha.gov/SLTC/workplaceviolence/guideline.html

Special Thanks to Luke Petosa and ECRI